

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						09808238	05-15-01			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51			
2		/					52			
3		/					53			
4							54			
5							55			
6							56			
7							57			
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13							63			
14							64			
15							65			
16	/						66			
17	/						67			
18							68			
19		/					69			
20	/						70			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	3	↓					TOTAL DEP.	↓		
TOTAL CLAIMS	6						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS